

Hazardous Waste Inspection Report Generators – Part A

QFN

Date of inspection 6/21/90 Time start 1100 AM Time finish 4:00 PM
Name of inspector F. J. KARL
Company, installation name UNITED GILSONITE LABORATORIES
Location 1396 JEFFERSON AVE
County HACKAWANNA Municipality DUNMORE
Identification number PAD 003 033 339
Name of responsible official MR M.C. MACKINNON
Title PRESIDENT
Mailing address PO BOX 70, SCRANTON, PA 18501
Area code and telephone number 717-344-1202
Name of person interviewed RICHARD BARAKO
Title SAFETY CO-ORDINATOR
Mailing address (if different from above) SAME
Area code and telephone number SAME

1. Current waste handling method:

- a. ☒ On-site ☐ treatment, ☒ storage, ☐ disposal ☐ PBR
- b. ☒ On-site ☐ use, ☐ reuse, ☐ recycle, ☒ reclaim
- c. ☒ Off-site ☐ treatment, ☐ storage, ☒ disposal
- d. ☐ Off-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

2. Amount of hazardous waste produced:

- a. 210 kg./mo.
- b. 2650 kg./yr.

3. Types of hazardous waste produced by Hazardous Waste Number and destination facility (include location and type).

Waste Number

Destination Facility

Location and Type

[illegible]

Hazardous Waste Inspection Report
Generators - Part BPAD 003033 339
UNITED GILSONITE LABS
6-21-90

1—No Violation Observed				2—Not Applicable	3—Not Determined	4—Non-Compliance	Chapter Citation
States				REQUIREMENT			75.262
1	2	3	4				
X				Hazardous waste determination, copies available			(b)
X				Identification number			(c)(1)
X				Hazardous waste shipments offered only to licensed transporters			(c)(4)
X				Authorization received from TSD facility for wastes shipped off-site			(d)
	X			PA manifest used for intrastate shipments			(e)(2)
X				Disposer state manifest or EPA format manifest used for out-of-state shipments			(e)(3)
X				Manifests filled out properly and completely			(e)(7)
X				Manifests routed properly and within time limits (7 days)			(e)(14) or (15)
		X	X	Proper U.S. DOT shipping containers or packages			(f)(1)(i)
		X	X	Shipping containers marked and labeled according to U.S. DOT			(f)(1)(ii)
		X	X	Containers of 110 gal. or less marked with required PA label			(f)(1)(iii)
	X			Placards offered to transporter			(f)(2)
X				Wastes accumulated on-site for less than 90 days			(g)(1)(i)
		X	X	Wastes stored in proper containers and properly marked and labeled			(g)(1)(ii)
		X	X	Containers managed in accordance with 75.265(q)(1)-(4)			(g)(1)(iii)
		X	X	Containers clearly marked with accumulation date and visible for inspection			(g)(1)(iv)
X				Records retained at designated location for 20 years			(h)
X				Quarterly reports submitted to the Department			(i)
X				Exception reporting procedures followed			(j)
	X			Hazardous waste disposal plan, if required			(l)
X				Spill reporting procedures followed			(m)(1)
X				Preparedness, Prevention and Contingency Plan and implemented			(m)(5)
	X			Special requirements followed for international shipments			(o)
X				On the job or classroom personnel training program [75.265(f)]			(q)(1)(6)
X				Drum accumulation area inspected weekly as per 75.265(q)(5)			(q)(1)(iii)

Hazardous Waste Inspection Report
Comments - Part C

Date of Inspection 6/21/90 Identification Number PAD 003 033 339
Company, Installation Name UNITED GILSONITE LABORATORIES
County HACKAWANNA Municipality DUNMORE

This is a Land Ban Inspection

The manifest that was reviewed was in compliance with Land Ban regulations.

There were no hazaradous in storage at the time of the inspection.

A beam has been constructed in the storage area.

The PPC Plan has been completed.

The still has been properly registered by the notification form submittal.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature) _____

Inspector (signature) _____

Date _____

Date _____

6/21/90

JUL 27 1939

EPA.

Hazardous Waste Inspection Report
Generators - Part A

GEN

Date of inspection 6-22-89 Time start 1100 Time finish 1330
 Name of inspector F.J. KARL
 Company, installation name UNITED GILSONITE LABORATORIES
 Location 1396 JEFFERSON AVE.
 County LACKAWANNA Municipality DUNMORE
 Identification number PAD 003 033 339
 Name of responsible official MR M.C. MACKINNON
 Title PRESIDENT
 Mailing address P.O. Box 70, SCRANTON, PA 18501
 Area code and telephone number 717-344-1202
 Name of person interviewed MR JOHN MOLSKI - RICHARD BARAKO
 Title TECHNICAL DIRECTOR - SAFETY CO-ORDINATOR
 Mailing address (if different from above) SAME
 Area code and telephone number SAME

1. Current waste handling method:

- a. ☒ On-site ☐ treatment, ☒ storage, ☐ disposal ☐ PBR
 b. ☒ On-site ☐ use, ☐ reuse, ☐ recycle, ☒ reclaim
 c. ☒ Off-site ☐ treatment, ☐ storage, ☒ disposal
 d. ☐ Off-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

2. Amount of hazardous waste produced:

- a. 210 kg./mo.
 b. 2650 kg./yr.

3. Types of hazardous waste produced by Hazardous Waste Number and destination facility (include location and type).

Waste Number	Destination Facility	Location and Type
D001-NA1993 F002, F003, F005 UN1993	DELAWARE CONTAINER CO INC.	COATESVILLE PA 19320
	" " " "	" " "
	OLD OVER ^{COOP} CEMENT USED	RT 1 Box 101 CASCADE, VA 2406
	AS FUEL	VAD 007 942 266

Hazardous Waste Inspection Report
Generators — Part B

PAD 003 333 339

UNITED GILSONITE LABORATORIES

6-22-89

[illegible]

Hazardous Waste Inspection Report
Comments - Part C

Date of Inspection 6-22-89 Identification Number PAD 003 333 339
Company, Installation Name UNITED GILSONITE LABORATORIES
County HACKAWANNA Municipality DUNMORE

*This facility has installed a recycle & reclaim unit.
It is not a RRR facility.*

A berm is needed in the hazardous waste storage area.

*A PPC plan is needed for this facility, as per 15.262(m)(5).
A N.O.V. in 1985 required it but they cannot find
it at the time of the inspection.*

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature) Richard Barakat Date 6/22/89
Inspector (signature) JJ Xave Date 6-22-89



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•PAD003033339

INSTALLATION ADDRESS

UNITED GILSONITE LABORATORIES*
1396 JEFFERSON AVE
SCRANTON PA 18509

1396 JEFFERSON AVE
SCRANTON PA 18509

10/09/80



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

I.	INSTALLATION'S EPA I.D. NO.	PAD003033339
II.	NAME OF INSTALLATION	UNITED GILSONITE LABORATORIES* 1396 JEFFERSON AVE SCRANTON, PA 18502
III.	INSTALLATION MAILING ADDRESS	1396 JEFFERSON AVE SCRANTON, PA 18502

FOR OFFICIAL USE ONLY

C		COMMENTS																													
C																															
15		16																										55			
INSTALLATION'S EPA I.D. NUMBER														APPROVED				DATE RECEIVED (yr., mo., & day)				JUN 27 80 000002									
S E P A D 6 0 3 0 3 3 3 9 3 1																		8 0 0 6 2 7													
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15														16				17 18 19 20 21 22													

I. NAME OF INSTALLATION

U	N	I	T	E	D	G	I	L	S	C	N	I	T	E	L	A	B	O	R	A	T	O	R	I	E	S
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

II. INSTALLATION MAILING ADDRESS

		STREET OR P.O. BOX																											
C																													
3	1	3	9	6	J	E	F	F	E	R	S	O	N	A	V	E											45		
15	16																												
CITY OR TOWN																								ST.		ZIP CODE			
C																													
4	S	C	R	A	N	T	O	N	P	A													1	8	5	0	9		
15	16																												

III. LOCATION OF INSTALLATION

		STREET OR ROUTE NUMBER																														
C																																
5	16	1	3	9	6	J	E	F	F	E	R	S	O	N	A	V	E															45
		CITY OR TOWN																				ST.	ZIP CODE									
C																																
6	16	S	C	R	A	N	T	O	N	P	A															1	8	5	0	9		
																						40	41	42	43							

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)																PHONE NO. (area code & no.)																															
C 2	R	O	B	E	R	T		T	O	O	T	H	I	L		T	E	C	H	N	I	C	A	L	D	I	R		7	1	7	-	3	4	4	-	1	2	0	2							
15	16																											AS	AC	-	AO					AO	-	91					92				

V. OWNERSHIP

[illegible]

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

F = FEDERAL	M
M = NON-FEDERAL	

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ **A. GENERATION** ☐ **B. TRANSPORTATION** (complete item VII)

☐ **C. TREAT/STORE/DISPOSE** ☐ **D. UNDERGROUND INJECTION**

VII. MODE OF TRANSPORTATION (transporters only – enter “X” in the appropriate box(es))

☐ ⁴⁴ A. AIR ☐ ⁴⁴ B. RAIL ☐ ⁴⁴ C. HIGHWAY ☐ ⁴⁴ D. WATER ☐ ⁴⁴ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

<input checked="checked" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION <i>(complete item C)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="10" style="text-align: center; padding: 2px;">C. INSTALLATION'S EPA I.D. NO.</th> </tr> <tr> <td style="text-align: center; padding: 2px;">P</td> <td style="text-align: center; padding: 2px;">A</td> <td style="text-align: center; padding: 2px;">D</td> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: center; padding: 2px;">3</td> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: center; padding: 2px;">3</td> <td style="text-align: center; padding: 2px;">3</td> <td style="text-align: center; padding: 2px;">3</td> <td style="text-align: center; padding: 2px;">9</td> </tr> </table>	C. INSTALLATION'S EPA I.D. NO.										P	A	D	0	3	0	3	3	3	9
C. INSTALLATION'S EPA I.D. NO.																						
P	A	D	0	3	0	3	3	3	9													

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K 0 7 9					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Robert Toothill

Robert Toothill, Technical Dir. 6/23/80

File

Bureau of Solid Waste Management
Wilkes-Barre Regional Office
90 East Union Street - 2nd Floor
Wilkes-Barre, PA 18701-3295
(717)826-2516

October 9, 1985

CERTIFIED MAIL NO. P35 3624918

NOTICE OF VIOLATION

Mr. Frank Balish, Plant Superintendent
United Gilsonite Laboratories
P. O. Box 70
Scranton, PA 18501

Dear Mr. Balish:

RE: Hazardous Waste Manifest Record Review
PA85003031139
City of Scranton, Lackawanna County

This letter is to confirm the findings of the Department's referenced review of your hazardous waste generator activities. Requirements for hazardous waste generators are contained in Chapters 75.260 through 75.267 of the Rules and Regulations of the Department. Violations of applicable sections of these regulations found during the record review are as follows:

1. Manifests not filled out properly and completely in violation of 25 PA Code §75.262(a)(1). The State of New York Hazardous Waste Manifest Document No. NYA1230534 did not list a waste type, Item 1 (see attached).

You are hereby notified of both the existence of this violation as well as the need to provide for its prompt correction. Toward this end, you are to submit to the Department by October 15, 1985 a completed copy of the above-mentioned manifest and a proposed program for abatement of this type of violation.

This letter does not waive, either expressly or by implication, the power or authority of the Commonwealth of Pennsylvania to prosecute for any and all violations of law arising prior to or after the issuance of this letter or the conditions upon which the letter is based. This letter shall not be construed so as to waive or impair any rights of the Department of Environmental Resources, heretofore or hereafter existing.

Mr. Frank Bolish, Plant Superintendent
United Gilsonite Laboratories -2-

October 9, 1985

This letter shall also not be construed as a final action of the Department of Environmental Resources.

If you have any questions concerning this letter, feel free to contact me at my office.

Sincerely,

William F. McDonnell
Regional Solid Waste
Operations Supervisor

WFH:JL:cam

Attachment

cc: Division of Compliance & Monitoring ✓

J. Chester
W. McDonnell
J. Leskosky
J. Lehman
Solid Waste Specialist
File thru D. Lamereaux
File
Chron.
CPT-3043
H: 10/4
T: 10/9 /R: 10/9



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

September 14, 1981
Certified Mail
Return Receipt Requested

Mr. Robert Toothill
United Gilsonite Laboratories
P.O. Box 70
Scranton, PA 18501

Re: Nonregulated Facility
Facility Name: United Gilsonite Laboratories
Facility Location: 1396 Jefferson Avenue
Scranton, PA 18509

Dear Mr. Toothill:

The Environmental Protection Agency (EPA) has received Part A of a permit application pursuant to Section 3005 of the Resource Conservation and Recovery Act for the facility referenced above. The application does not demonstrate that the facility is one which is required to have a Federal permit under Section 3005 of the Act. Accordingly, the Agency is returning the application.

If you have any questions, please contact Joan Henry on 215/597-8751 or Bill Walsh on 215/597-1230.

Sincerely yours,

Shirley D. Bulkin
Chief, RCRA Administrative Support Section
Permit Enforcement Branch
Enforcement Division

Enclosure

RECORD OF COMMUNICATION	<input checked="" type="checkbox"/> PHONE CALL <input checked="" type="checkbox"/> DISCUSSION <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> OTHER (SPECIFY) _____	
(Record of item checked above)		
TO: FILE: UNITED GILSONITE LAB PAD 00 303 3339	FROM: P. J. GOTTHOLD EPA REGION III	DATE 10 SEPT 1981 TIME
SUBJECT NON-REGULATED FACILITY		
SUMMARY OF COMMUNICATION <p>AS EXPLAINED IN LETTERS (OCT 20, 1980 & JULY 31, 1981) THIS FACILITY DOES NOT REQUIRE A PERMIT FOR HAZARDOUS WASTE. THE INITIAL WASTE CODES WERE K078 AND K079. AS EXPLAINED IN JULY 31, 1981 LETTER - K079 IS NOT HAZARDOUS BY CHARACTERISTIC AND K078 (NOW D001) IS RECYCLED INTO PRODUCTS. THEREFORE, NO PERMIT IS REQUIRED.</p>		
CONCLUSIONS, ACTION TAKEN OR REQUIRED 		
INFORMATION COPIES TO:		



UNITED GILSONITE LABORATORIES
JEFFERSON AVENUE AT NEW YORK STREET
SCRANTON, PENNSYLVANIA 18501

FIRST CLASS MAIL

not

FROM



TO:

EPA
Region III
P. O. Box 1480
Philadelphia, PA 19107
Attn: Shirley Bulkin

FIRST CLASS MAIL





UNITED GILSONITE LABORATORIES
SCRANTON, PA. 18501 • TELEPHONE 717 344-1202

July 31, 1981

Ms. Shirley D. Bulkin
U. S. Environmental Protection Agency
Permits Enforcement Branch
6th & Walnut Streets
Philadelphia, PA 19106

Dear Ms. Bulkin:

This letter is in response to your letter of July 9, 1981 which was sent to Robert Toothill.

As noted, the waste which is handled at our facility has been temporarily suspended from regulation as a listed hazardous waste.

The treatment, storage and disposal of our aqueous waste (K079) was explained to you in a letter from Mr. Toothill dated October 20, 1980. This waste is not applicable to being toxic and/or ignitable since we don't formulate any of our products to contain any toxic or carcinogenic material.

As for solvent wash (K078) treatment, storage and disposal, we recycle all that is generated. The mineral spirits, which is our solvent wash, was checked for ignitability by performing a flash point in a closed cup method. The results showed that it had a flash point of 110°F. which is universal value for the material.

I hope these results have fulfilled the requirements you asked for.

Sincerely,

UNITED GILSONITE LABORATORIES

Joseph Setta

Joseph Setta
Laboratory Technician

JS:wb



UNITED GILSONITE LABORATORIES

SCRANTON, PA. 18501 • TELEPHONE 717 344-1202

October 20, 1980

EPA
Region III
P. O. Box 1480
Philadelphia, PA 19107
Attn: Shirley Bulkin

Dear Ms. Bulkin:

By means of this covering letter we are endeavoring to further clarify the handling of our waste.

On June 23, 1980, we submitted EPA Form 8700-12 (6-80). On this we reported under IX B only K079. We neglected to report K078 since we are able to recycle all that is generated. We understand now that this too should be reported; since, because of possible delayed production demand the recycling of a given material may extend beyond a 90-day storage period. It is also possible that a batch of product (containing mineral spirits) could be improperly made and irretrievable. Another eventuality could be the clean up of a spill.

It would seem, therefore, we would require the necessary permits to:

- 1) Store beyond 90 days.
- 2) Ship to an approved and appropriate chemical waste disposal company.

Our aqueous waste (K079) is generated by the clean up of production equipment. This wash is put into 50-gallon drums; the residual latex is coagulated with alum and lime. After the pigment (calcium carbonate, silica and clay) has settled, the clear supernatant water is placed into a 100-gallon tank from which it is circulated over inclined planes that are exposed to the sun. The portion that has settled is filtered. The filtered water is also put into the circulating tank the filter cake is placed in a drying trough and ultimately disposed of in an approved landfill. The dry filter cake amounts to approximately 250 pounds per month.

EPA

October 20, 1980

page 2

Since the disposal of the filtered water is subject to atmospheric conditions, it is possible that a few drums may be stored beyond the allowable 90 day period.

We have been careful to exclude from the formulation of our products any ingredients that are of a toxic or carcinogenic nature; consequently, any waste we have would be free of such hazardous materials.

I trust that the accompanying geological survey map, site layout, aerial photo and the photos of our inclined plane evaporator will suit your requirements.

Sincerely,

UNITED GILSONITE LABORATORIES

Robert Toothill

Robert Toothill
Technical Director

RT:wb

enc:



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

July 9, 1981

Mr. Robert Toothill, Technical Director
United Gilsonite Laboratories
P. O. Box 70
Scranton, Penna. 18501

RE: Paint Wastes - EPA I.D. No. PAD 00 303 3339

Dear Mr. Toothill:

EPA has completed its initial review of your application to treat/store/dispose of hazardous waste under the Resource-Conservation and Recovery Act ("RCRA"). The wastes listed as being handled by your facility have been temporarily suspended from regulation as a listed hazardous waste. An amendment to 40 CFR Part 261.32, Hazardous Waste from Specific Sources, was published in the Federal Register on January 16, 1981. This amendment temporarily suspended the listing of all wastes from the manufacture of paints (EPA Hazardous Waste Nos. F017, F018, K078, K079, K081, K082) until further study on those wastes has been conducted. However, wastes which exhibit any of the hazardous waste characteristics (i.e. reactivity, ignitability, corrosivity, and EP toxicity) as defined in 40 CFR Part 261 remain subject to regulation under RCRA.

In order for EPA to return your permit application, EPA requests that you make a determination as to whether or not the waste streams listed on your application are hazardous by one or more of the general characteristics. Ignitability and EP toxicity would be the characteristics which would most likely cause paint manufacturing wastes and residues to be defined as a hazardous waste. Your determination would best be supported by attaching a copy of a laboratory analysis although one is not necessarily required. In order to properly process your permit application and avoid further inquiries, a prompt response would be beneficial to yourself and EPA.

If you have any questions, please do not hesitate to contact Bill Walsh at (215) 597-1230.

All replies should be addressed to:

U.S. Environmental Protection Agency
Permits Enforcement Branch
6th and Walnut Streets
Philadelphia, PA 19106
Attn: Ms. Shirley D. Bulkin

Sincerely yours,

Shirley D. Bulkin
RCRA Administrative Support Section
Permits Enforcement Branch



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # PAD003033339

December 18, 1980

United Gilsonite Laboratories
Mr. Robert Toothill
P.O. Box 70
Scranton, Pa. 18501

Re: Acknowledgment of Application for
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

FORM 1 GENERAL	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER
			F PA D 0 0 3 0 3 3 3 9
LABEL ITEMS			GENERAL INSTRUCTIONS
I. EPA I.D. NUMBER	<div>Nov 1 9 30 00 01</div> <div>PLEASE PLACE LABEL IN THIS SPACE</div>		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
III. FACILITY NAME			
V. FACILITY MAILING ADDRESS			
VI. FACILITY LOCATION			

II. POLLUTANT CHARACTERISTICS							
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column: if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.							
SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY			
1	SKIP	UNITED GILSONITE LABORATORIES	
IV. FACILITY CONTACT			
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	ROBERT TOOTHILL TECHNICAL DIR	717	344 1202
V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
3	P O BOX 70		
B. CITY OR TOWN			
4	SCRANTON		
C. STATE			
PA			
D. ZIP CODE			
18501			
VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5	1396 JEFFERSON AVE		
B. COUNTY NAME			
LACKAWANNA			
C. CITY OR TOWN			
6	SCRANTON		
D. STATE			
PA			
E. ZIP CODE			
18509			
F. COUNTY CODE (if known)			

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7 2851 (specify) Paints and Caulks										7 (specify)									
C. THIRD										D. FOURTH									
7 (specify)										7 (specify)									

VIII. OPERATOR INFORMATION

A. NAME																																								B. Is the name listed in Item VIII-A also the owner?									
8 UNITED GILSONITE LABORATORIES																																								<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																			
F = FEDERAL										M = PUBLIC (other than federal or state)										P (specify)										C A 717 344 1202																			
S = STATE										O = OTHER (specify)																																							
P = PRIVATE																																																	
E. STREET OR P.O. BOX																																																	
P 6 BOX 70																																																	
F. CITY OR TOWN																														G. STATE					H. ZIP CODE					IX. INDIAN LAND									
B SCRANTON																														PA					18 50 1					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9 N															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U															(specify)														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R															(specify)														

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacturer of waterproofing paints, wood stains, clear & pigmented coatings, caulking compounds, glazing compound, roof coatings, patching compounds.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print) M. C. MacKinnon, President																				B. SIGNATURE 																				C. DATE SIGNED 10/20/80									
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	----------------------------	--	--	--	--	--	--	--	--	--

COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

<div style="display: inline-block; text-align: center;"><div style="border: 1px solid black; padding: 2px;">FORM 3</div><div style="margin-top: 5px;"> EPA</div><div style="margin-top: 5px;">RCRA</div></div> <div style="display: inline-block; text-align: center; margin-left: 10px;"><div style="border-bottom: 1px solid black; padding-bottom: 2px;">U.S. ENVIRONMENTAL PROTECTION AGENCY</div><div style="border-bottom: 1px solid black; padding-bottom: 2px;">HAZARDOUS WASTE PERMIT APPLICATION</div><div style="border-bottom: 1px solid black; padding-bottom: 2px;">Consolidated Permits Program</div><div style="font-size: small;">(This information is required under Section 3005 of RCRA.)</div></div>		<div style="border: 1px solid black; padding: 2px;">I. EPA I.D. NUMBER</div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 2px;">ST/A</div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-family: monospace; font-size: 1.2em;">F P A D O 0 3 0 3 3 3 3 9</div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 2px;">123456789101112131415</div>																	
		FOR OFFICIAL USE ONLY																	
APPLICATION APPROVED				DATE RECEIVED (yr., mo., & day)				COMMENTS											
23				24				25											
II. FIRST OR REVISED APPLICATION																			
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.																			
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)																			
<div style="width: 60%; font-size: x-small;"><input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)</div> <div style="width: 40%; font-size: x-small;"><input type="checkbox"/> 2. NEW FACILITY (Complete item below.)</div>																			
<div style="width: 60%; font-size: x-small;"><div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">C</div><div style="margin-left: 5px;">YR.</div><div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">8</div><div style="margin-left: 5px;">MO.</div><div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">3</div><div style="margin-left: 5px;">DAY</div><div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">6</div></div><div style="margin-top: 5px; font-size: x-small;">FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</div></div> <div style="width: 40%; font-size: x-small;"><div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">71</div><div style="margin-left: 5px;">YR.</div><div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">73</div><div style="margin-left: 5px;">MO.</div><div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">74</div><div style="margin-left: 5px;">DAY</div><div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">75</div></div><div style="margin-top: 5px; font-size: x-small;">FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN</div></div>																			

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 - Aqueous waste is coagulated with alum and lime in drums; it is filtered and the water evaporated by running over inclined plane exposed to the sun. The filtered solids are dried in a trough; the dried pigment cake amounts to approximately 250 lbs/mo. Evaporators capable of 60 gal/day.

T04 - Solvent wash is recycled into manufactured products.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
 POUNDS P
 TONS T

METRIC UNIT OF MEASURE **CODE**
 KILOGRAMS K
 METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)		D. PROCESSES									
	1. PROCESS CODES (enter)							2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
X-1	K	0	5	4	900	P		T	0	3	D	8	0				
X-2	D	0	0	2	400	P		T	0	3	D	8	0				
X-3	D	0	0	1	100	P		T	0	3	D	8	0				
X-4	D	0	0	2													included with above

[illegible]

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)									
B	F	A	D	O	0	3	0	3	3
T/A	C								
	6								

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

LATITUDE (degrees, minutes, & seconds)

4	1	2	5	0	3	0
63	64	67	88	69	-	71

LONGITUDE (degrees, minutes, & seconds)


0	7	5	3	8	0	3	0
72	-	74	73	76	77	-	79

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.


B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)																	
UNITED GILSONITE LABORATORIES															7 1 7 - 3 4 2 - 1 2 0 2																	
3. STREET OR P.O. BOX															4. CITY OR TOWN										5. ST.		6. ZIP CODE					
P. O. Box 70															Scranton										PA		1 8 5 0 1					

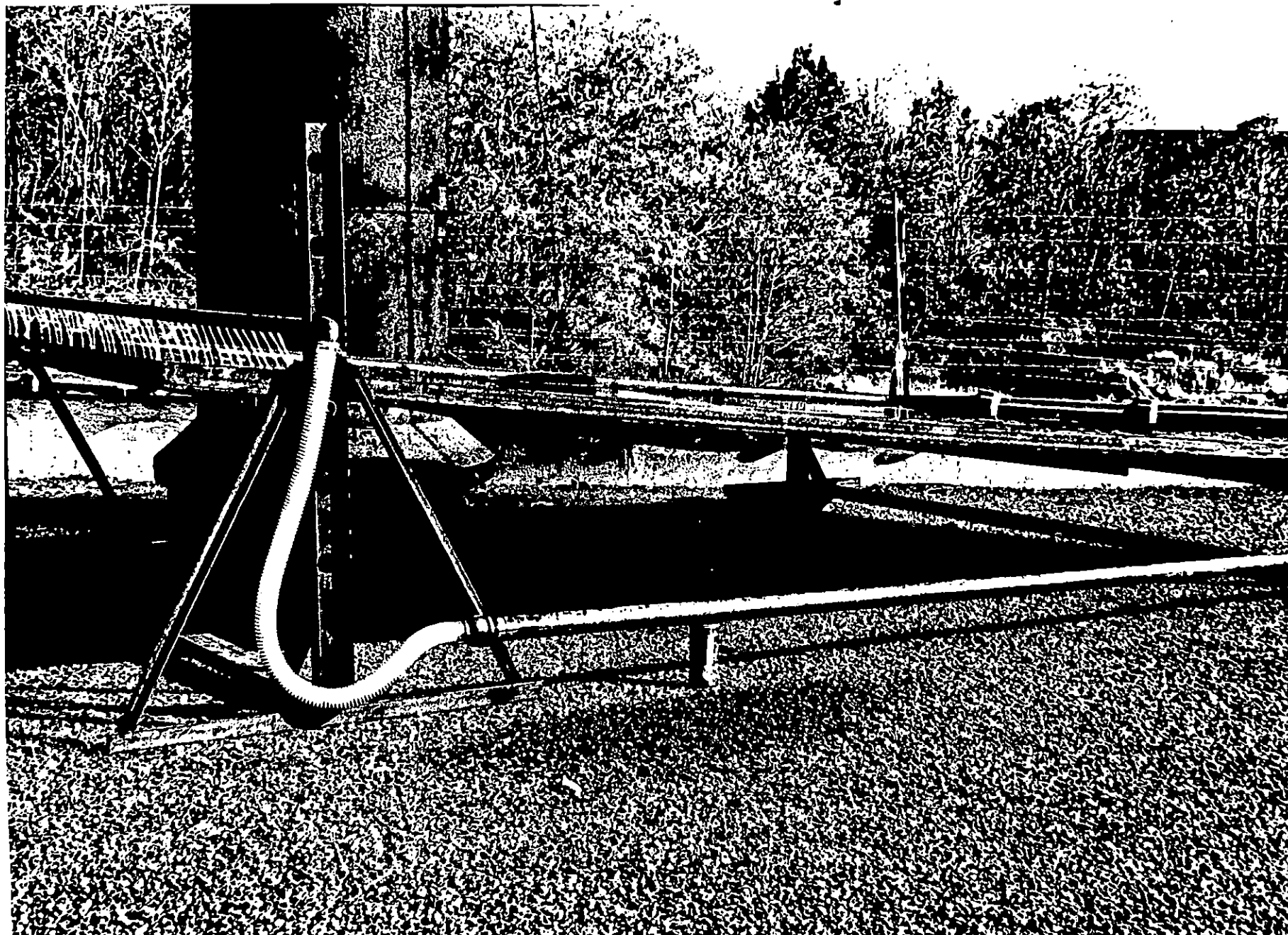
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

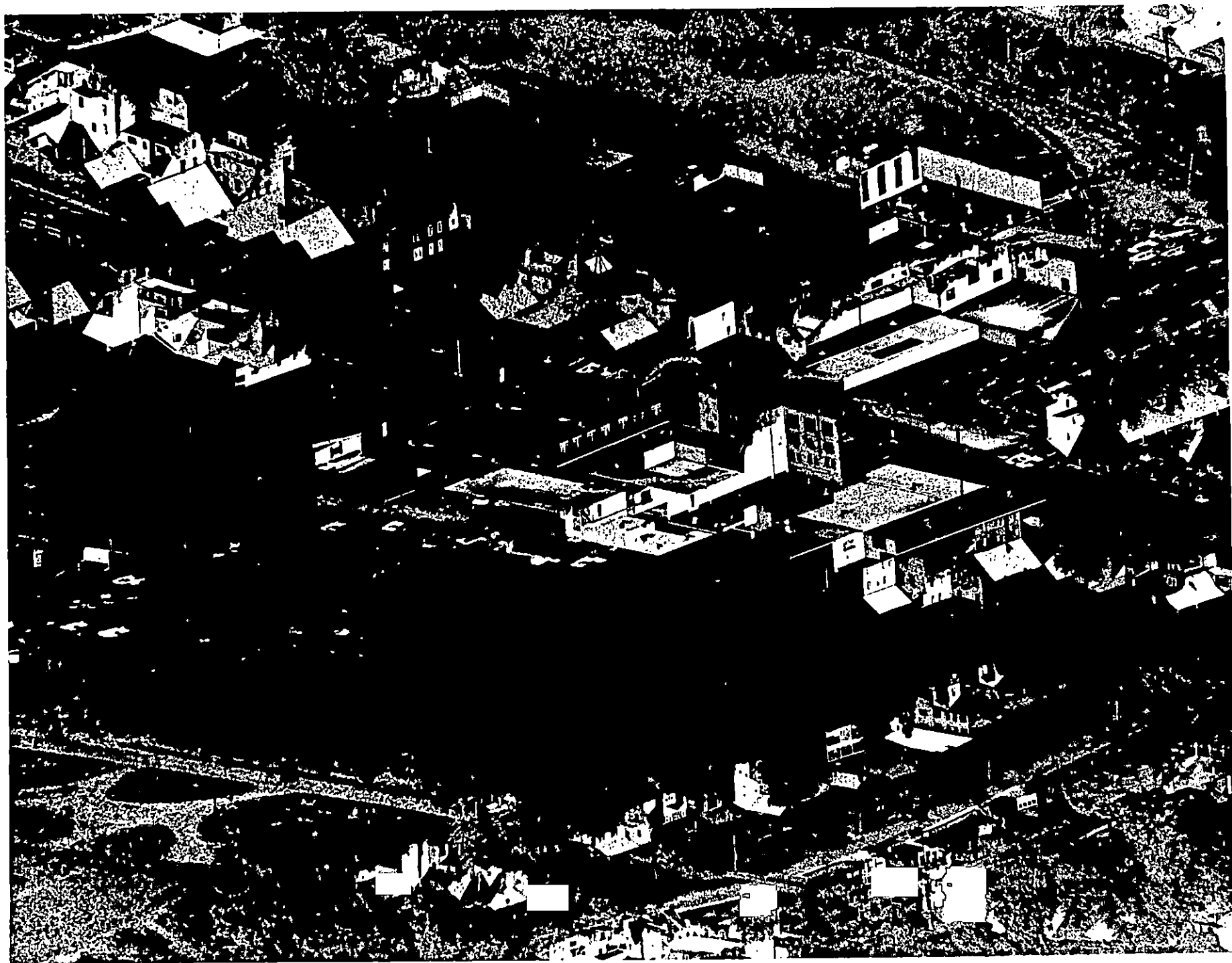
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
M. C. MacKinnon President		10/21/80

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) M. C. MacKinnon President	B. SIGNATURE 	C. DATE SIGNED 10/21/80
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Hazardous Waste Quantity Notification

Business Name UNITED GILSONITE LABS
Business Address JEFFERSON AVE & NEW YORK ST.
SCRANTON PA 18501
EPA ID Number PAD003033339

Hazardous Waste Generated

0 - 100 kg/month

☒

100 - 1000 kg/month

☐

1000 kg/month or more

☒

John Molebi, TECHNICAL DIR.
Signature and Title



Official Business
Penalty for Private Use
\$300

FIRST-CLASS MAIL
POSTAGE & FEES PAID
EPA
PERMIT NO. G-35

United States
Environmental Protection
Agency

Washington DC 20460

JOHN A ARMSTEAD
VA/WV SECTION (3HW31)
US EPA REGIONIII
841 CHESTNUT ST.
PHILADELPHIA, PA 19107

EPA Form 5180-11 (5-79)

